Clear Form

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 02/2015)				TRANSCRIPT ORDER Please use one form per court reporter. CJA counsel please use Form CJA24 Please read instructions on next page.							COURT USE ONLY DUE DATE:				
1a. CONTACT PERSON FOR THIS ORDER 2a. COI Ethel Villegas					CONTACT PHONE NUMBER (650) 813-5765 3. CONTACT EMA EVIllegas						ADDRESS Omofo.com				
1b. ATTORNEY NAME (if different) Arturo J. Gonzalez					ATTORNEY PHONE NUMBER (415) 268-7000					3. ATTORNEY EMAIL ADDRESS AGonzalez@mofo.com					
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE)					5. CASE NAME						6. CASE NUMBER				
Morrison & Foerster LLP 425 Market Street, San Francisco, CA 94105-2482					Waymo LLC v. Uber Technologies, Inc., et					., et al.	al. 3:17-cv-939-WHA				
					8. THIS TRANSCRIPT ORDER IS FOR:										
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX) $ ightarrow \ \Box$ FTR Joann Bryce						☐ APPEAL ☐ CRIMINAL ☐ In forma pauperis (NOTE: C☐ NON-APPEAL ☐ CIVIL CJA: Do not use this form; use						Court order for transcripts must be attached) e Form CJA24.			
9. TRANSCRIPT	Γ(S) REQUESTED (Specify portion	on(s) and date(s) of proce	eding(s) for which t	ranscript is i	requested), fo	ormat(s) & qua	ntity and de	elivery type:						
						ECT FORMAT(S) (NOTE: ECF access is included c. [n purchase of PDF, text, paper or condensed.)					ELIVERY TYPE (Choose one per line)				
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hear specify portion (e.g. witness or ti	PDF ing, (email) me)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	DAILY (Next day)	HOURLY (2 hrs)	REALTIME	
04/06/2017	WHA	Hearing				0		0	0	0	0	0			
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	10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC: Same day delivery requested. Please email the rough draft and/or final transcript to evillegas@mofo.com in addition to agonzalez@mofo.com. Thank you.														
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).											12. DATE				
11. SIGNATURE /s/ Arturo J. Gonzalez										04	04/06/2017				
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